



MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH CONFIDENTIALITY FORM

For Media Representative

I, the undersigned, understand that any information or any identities of youth that are disclosed to me or learned by me, while I am at a youth facility or program, or associated with the Department of Corrections Youth Services Division, is confidential.

I am aware that State law protects this confidentiality and that I am prohibited from making any disclosure of such information except as provided in the law. I hereby agree that I will follow State law and Department of Corrections policy in the release of information.

Signature (Media Personnel)

Date

Signature of Witness

Date